KNAPP HAVEN NURSING HOME

725 KNAPP ST

CHETEK	54728	Phone: (715) 924-4891	L	Ownership:	City
Operated from 1,	'1 To 12/31	Days of Operation	366	Highest Level License:	Skilled
Operate in Conju	ction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Se	et Up and St	affed (12/31/04):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	ed Capacity	(12/31/04):	99	Title 19 (Medicaid) Certified?	Yes
Number of Resider	nts on 12/31	/04:	97	Average Daily Census:	92

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%		
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25.8		
Supp. Home Care-Personal Care	No					1 - 4 Years	40.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years	34.0		
-	ay Services No Mental Illness (Org./Psy		41.2	65 - 74	9.3				
Respite Care No Mental Illnes		Mental Illness (Other)	1.0	75 - 84	37.1		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	& Other Drug Abuse 0.0 85 - 94 43.3 **********************************				******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	7.2	Full-Time Equivalent			
Congregate Meals Yes		Cancer 0.0 Nursing Staff p				Nursing Staff per 100 Res	per 100 Residents		
Home Delivered Meals No		Fractures	2.1		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	5.2	65 & Over	96.9				
Transportation	No	Cerebrovascular	7.2			RNs	9.9		
Referral Service	No	Diabetes	6.2	Gender	%	LPNs	4.6		
Other Services	No	Respiratory	3.1			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	33.0	Male	28.9	Aides, & Orderlies	45.4		
Mentally Ill	No			Female	71.1				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	2.8	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Skilled Care	6	100.0	312	60	83.3	115	0	0.0	0	18	94.7	125	0	0.0	0	0	0.0	0	84	86.6
Intermediate				10	13.9	95	0	0.0	0	1	5.3	125	0	0.0	0	0	0.0	0	11	11.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		72	100.0		0	0.0		19	100.0		0	0.0		0	0.0		97	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					0 27 3'		
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	14.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.3	Bathing	0.0		56.7	43.3	97
Other Nursing Homes	7.0	Dressing	5.2		79.4	15.5	97
Acute Care Hospitals	66.7	Transferring	29.9		53.6	16.5	97
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.6		59.8	20.6	97
Rehabilitation Hospitals	0.0	Eating	46.4		37.1	16.5	97
Other Locations	7.0	*****	******	*****	*****	******	*****
Total Number of Admissions	57	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.1	Receiving Resp	iratory Care	7.2
Private Home/No Home Health	14.0	Occ/Freq. Incontiner	nt of Bladder	50.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	10.0	Occ/Freg. Incontiner	nt of Bowel	23.7	Receiving Suct	ioning	0.0
Other Nursing Homes	6.0	_			Receiving Osto	my Care	3.1
Acute Care Hospitals	18.0	Mobility			Receiving Tube	Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.1	Receiving Mech	anically Altered Diets	40.2
Rehabilitation Hospitals	0.0				3	•	
Other Locations	2.0	Skin Care			Other Resident C	haracteristics	
Deaths	50.0	With Pressure Sores		4.1	Have Advance D	irectives	75.3
Total Number of Discharges		With Rashes		4.1	Medications		
(Including Deaths)	50				Receiving Psyc	hoactive Drugs	46.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	ે	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.9	87.2	1.07	88.5	1.05	87.7	1.06	88.8	1.05
Current Residents from In-County	84.5	54.3	1.56	72.5	1.17	70.1	1.21	77.4	1.09
Admissions from In-County, Still Residing	35.1	25.2	1.39	19.6	1.79	21.3	1.64	19.4	1.81
Admissions/Average Daily Census	62.0	55.2	1.12	144.1	0.43	116.7	0.53	146.5	0.42
Discharges/Average Daily Census	54.3	59.6	0.91	142.5	0.38	117.9	0.46	148.0	0.37
Discharges To Private Residence/Average Daily Census	13.0	21.2	0.62	59.0	0.22	49.0	0.27	66.9	0.19
Residents Receiving Skilled Care	88.7	87.1	1.02	95.0	0.93	93.5	0.95	89.9	0.99
Residents Aged 65 and Older	96.9	87.7	1.10	94.5	1.02	92.7	1.05	87.9	1.10
Title 19 (Medicaid) Funded Residents	74.2	77.9	0.95	66.3	1.12	68.9	1.08	66.1	1.12
Private Pay Funded Residents	19.6	16.8	1.17	20.8	0.94	19.5	1.00	20.6	0.95
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	42.3	46.5	0.91	32.3	1.31	36.0	1.17	33.6	1.26
General Medical Service Residents	33.0	21.0	1.57	25.9	1.27	25.3	1.30	21.1	1.57
Impaired ADL (Mean)	51.3	44.6	1.15	49.7	1.03	48.1	1.07	49.4	1.04
Psychological Problems	46.4	66.5	0.70	60.4	0.77	61.7	0.75	57.7	0.80
Nursing Care Required (Mean)	7.5	8.7	0.86	6.5	1.15	7.2	1.04	7.4	1.01